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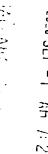
| (Requestor's Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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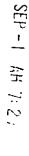




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COVER LETTER

TO:

| | tration Se ion of Cor | | | | |
|---|--------------------------|--|---|--|--|
| SUBJECT: | | MIER ON MAIN, LLC. | | | |
| SUBJECT: _ | | Name of Lim | ted Liability Company | | |
| The enclosed A | Articles of . | Amendment and fee(s) are sub | nitted for filing. | | |
| Please return a | ll correspo | ndence concerning this matter | to the following: | | |
| | | ANNA MISIASZEK | | | |
| | | | Name of Person | | |
| | | MB ACCOUNTING & TA | X SERVICES LTD | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| | | - | Firm/Company | | |
| | | 6008 W BELMONT AVE | | | |
| | | | Address | | |
| | | CHICAGO, IL 60634 | | | |
| | | | City/State and Zip Code | | |
| | | MBTAX7@GMAIL.COM | | | |
| | | | o be used for future annual report notifica | ation) | |
| For further info | ormation c | oncerning this matter, please co | dl: | | |
| ANNA MISIA | ASZEK | | 773 545-7220 at () | | |
| | Name o | f Person | | Celephone Number | |
| Enclosed is a c | heck for th | ne following amount: | | | |
| ■ \$25.00 Fil | ing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy | |
| | ng Addres | | Street Address: Registration Secti | ion | |
| Registration Section Division of Corporations | | | - | Division of Corporations | |
| P.O. | Box 632 | 7 | The Centre of Tal | llahassee | |
| Talla | ihassee, I | FL 32314 | 2415 N. Monroe | Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | PREMIER ON MAIN, LLC. 2023 SEP | -1 AM 7:27 |
|---|--|------------------------------------|
| (Name of the Limited) | Liability Company as it now appears on our rec Florida Limited Liability Company) | cords.) |
| | ልዛል ታል፤ | bi - |
| The Articles of Organization for this Limited Liab | lity Company were filed on APRIL 13, 20 | 021 and assigned |
| Florida document number L21000171511 | · | |
| This amendment is submitted to amend the following | ing: | |
| A. If amending name, enter the new name of th | e limited liability company here: | |
| ORANGE ONE INVESTMENT, L | LC. | |
| The new name must be distinguishable and contain the word | s "Limited Liability Company," the designation " | LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | p. | |
| Principal office address MUST BE A STREET | - · · · · · · · · · · · · · · · · · · · | |
| Frincipal Office address MOST BE A STREET | IDDRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BO | <u></u> | |
| | | |
| | | |
| B. If amending the registered agent and/or regi | stered office address on our records, en | ter the name of the new registered |
| agent and/or the new registered office address b | <u>iere</u> : | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| <u>-</u> | Enter Florida street aa | ldress |
| | | , Florida |
| • | City | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| finec fan ei | date, if other than the date of filing: (optional) we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.03 |
| Note: | he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed |
| docur | 's effective date on the Department of State's records. |
| | |
| | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| rd is f | |
| | UGUST 24 2023 |
| Dated | , |
| | |
| | |

Typed or printed name of signee